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23910 7590 08/19/2004

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D. Benjamin Berson, Ph.D.	(Depositor's name)
<i>D. Benjamin Berson</i>	(Signature)
Sept. 21, 2004	(Date)

09/27/2004 FFANAIA3 00000065 09580503

01 FC:2501 665.00 OP
 02 FC:8001 15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/580,503	05/25/2000	Milos Sovak		9367

TITLE OF INVENTION: TOPICAL ANTIANDROGEN FOR HAIR LOSS AND OTHER HYPERANDROGENIC CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KUMAR, SHAILENDRA	1621	564-158000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fliesler & Meyer LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Biophysica, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

La Jolla, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed. (\$665 + \$15 = copies ÷ \$680)☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check to pay the required fee(s), or credit any overpayment, to Deposit Account Number 06-1325 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. Sec. e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

D. Benjamin Berson

September 21, 2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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